

1. ORGANIZATION			
Unique Application Number (UAN)			
Legal Name of Applicant			
Name of Agency Contact			
Agency Contact's Telephone Number			
	Amount Requested	% of Personnel and Fringe Requested	
FY 2014	\$0.00	0%	
FY 2015	\$0.00	0%	

2. MISSION STATEMENT
2.1 Provide the mission statement of the organization.

3. DESCRIPTION OF THE ORGANIZATION	
3.1 Give a description of the history of the organization including the purpose for which it was created.	
3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff hierarchy, legal organization, etc.	

4. VICTIM SERVICES EXPERIENCE		YEARS
4.1 How many years has the organization been providing victim-related services or assistance?		

5. VICTIM SERVICES WORK

5.1 Provide a description of the work the organization is doing on behalf of victims of crime.

5.2 How does this work fit into the organization's overall goals and objectives?

5.3 Provide a description of the work the organization is doing on behalf of sexual assault survivors.

5.4 How does this work fit into the organization's overall goals and objectives?

6. VOLUNTEERS

6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term? (Yes/No)

6.2 How many volunteers were active within the last year? (Volunteers)

6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission, including any specific victim-related services.

6.4 Describe how the organization utilizes or plans to utilize volunteers to support services to sexual assault survivors.

6.5 Describe training for volunteers including both training required prior to providing services and ongoing training conducted throughout the volunteer's service.

6.6 Describe how the organization recruits and retains volunteers or how it plans to do so.

7. COLLABORATIONS

7.1 Describe the benefits realized by victims of sexual assault as a result of the organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

7.2 Provide a list of the organizations and community groups, including the type (law enforcement agency, SART, advocacy center, hospital, task force, etc.) with which the applicant collaborates for the purpose of supporting or assisting victims of sexual assault.

8. Statewide Applicants Only: Describe your efforts to maintain or expand existing services offered by local sexual assault programs; improve services to survivors; or other activities consistent with Texas Government Code 420.

9. Local Programs Only: Questions 9-14 are to be answered by Local Programs.

9.1 Is the applicant organization focused on serving sexual assault survivors? **(Yes/No)**

9.2 Is the unit within the applicant organization, for which you are applying, focused on serving sexual assault survivors? **(Yes/No)**

10. 24-HOUR CRISIS HOTLINE	
10.1 How is it staffed (by volunteers, advocates, etc)?	
10.2 Is the hotline staffed 24 hours a day, forwarded to a shelter, or forwarded to an answering service?	
10.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013? (Yes/No)	
10.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	
11. CRISIS INTERVENTION	
11.1 By whom is crisis intervention provided (counselors, advocates, etc)?	
11.2 How is crisis intervention provided (In person, by telephone, etc)?	
11.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013? (Yes/No)	
11.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	
12. PUBLIC EDUCATION	
12.1 By whom is public education provided (School Educator, Advocate, etc)?	
12.2 When public education is provided is it by request or through solicitation?	
12.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013? (Yes/No)	

13. ADVOCACY AND ACCOMPANIMENT	
13.1 By whom is advocacy and accompaniment provided (advocates, volunteers, etc)?	
13.2 Does the organization have staff, volunteers, or other collaborations that will allow 24 hours availability to provide this service?	
13.3 Describe the advocacy and accompaniment efforts.	
13.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013? (Yes/No)	
13.5 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	
14. CRISIS INTERVENTION VOLUNTEER TRAINING	
14.1 Describe how the crisis intervention volunteer training impacts the skills of volunteers interacting with victims of sexual assault, specifically regarding assistance provided to a victim of sexual assault to reduce stress and provide immediate, short-term support.	
14.2 By whom is this training provided (Volunteer Coordinator, Advocate, etc)?	
14.3 How many times per year is this training provided?	
14.4 What is the length of the training in hours?	

14.5 How many volunteers per year are trained?	
14.6 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2013? (Yes/No)	

15. STATE AND FEDERAL FUNDS EXPERIENCE	YEARS
15.1 How many years of experience does the organization have in managing state or federal grant funds?	

	STAFF POSITION/TITLE #1		STAFF POSITION/TITLE #2		STAFF POSITION/TITLE #3	
16. STAFF POSITION/TITLE						
16.1 ADMINISTRATIVE POSITION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
16.2 CONTRACT POSITION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
16.3 OUTPUT TARGETS	OUTPUT TARGET		OUTPUT TARGET		OUTPUT TARGET	
DIRECT VICTIM SERVICES	FY 2014	FY 2015	FY 2014	FY 2015	FY 2014	FY 2015
Number of Unique Victims Served						
FACE-TO-FACE SERVICES						
Assistance with Crime Victims' Compensation						
Information & Referral						
Assistance with Texas SAVNS/VINE						
Counseling Services (Individual Counseling)						
Criminal Justice Accompaniment						
Crisis Intervention						
Peer Support Services						
Law Enforcement Accompaniment						
Medical Accompaniment						
Assistance with Victim Impact Statements						
Assistance with Victim Impact Panels						
Lodging						
Transportation						
Support Groups						
Therapeutic Groups						
Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone						
Victim Advocacy						
TELEPHONE SERVICES						
Crisis Intervention (by telephone)						
Sexual Assault Hotline Call						
Hotline Calls From/About Victims of Sexual Assault						
TRAINING AND OUTREACH						
Structured Education Presentations						
Structured Education Participants						
Community Education Presentations						
Community Education Participants						
Professional Training Presentations						
Professional Training Participants						
Volunteer Training Presentations						
Volunteer Training Participants						

	STAFF POSITION/TITLE #4		STAFF POSITION/TITLE #5		STAFF POSITION/TITLE #6	
16. STAFF POSITION/TITLE						
16.1 ADMINISTRATIVE POSITION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
16.2 CONTRACT POSITION	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
16.3 OUTPUT TARGETS	OUTPUT TARGET		OUTPUT TARGET		OUTPUT TARGET	
DIRECT VICTIM SERVICES	FY 2014	FY 2015	FY 2014	FY 2015	FY 2014	FY 2015
Number of Unique Victims Served						
FACE-TO-FACE SERVICES						
Assistance with Crime Victims' Compensation						
Information & Referral						
Assistance with Texas SAVNS/VINE						
Counseling Services (Individual Counseling)						
Criminal Justice Accompaniment						
Crisis Intervention						
Peer Support Services						
Law Enforcement Accompaniment						
Medical Accompaniment						
Assistance with Victim Impact Statements						
Assistance with Victim Impact Panels						
Lodging						
Transportation						
Support Groups						
Therapeutic Groups						
Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone						
Victim Advocacy						
TELEPHONE SERVICES						
Crisis Intervention (by telephone)						
Sexual Assault Hotline Call						
Hotline Calls From/About Victims of Sexual Assault						
TRAINING AND OUTREACH						
Structured Education Presentations						
Structured Education Participants						
Community Education Presentations						
Community Education Participants						
Professional Training Presentations						
Professional Training Participants						
Volunteer Training Presentations						
Volunteer Training Participants						

17. PERSONNEL & FRINGE											
Title of Position	Sched- uled to work	Sched- uled on this grant.	Direct Servic- es on this grant.	Admi- n. on this grant.	Other on this grant.	Annual Salary	Total Salary Requested on this grant.	% Salary Funded by this grant.	Annual Fringe Benefits for the Position	Fringe Funds Requested by this grant.	% Fringe Funded by SAPCS-State grant.
FY 2014		HOURS PER WEEK				SALARY			FRINGE		
1.		0						0.00%			0.00%
2.		0						0.00%			0.00%
3.		0						0.00%			0.00%
4.		0						0.00%			0.00%
5.		0						0.00%			0.00%
6.		0						0.00%			0.00%
							\$ -			\$ -	
FY 2015		HOURS PER WEEK				SALARY			FRINGE		
1.		0						0.00%			0.00%
2.		0						0.00%			0.00%
3.		0						0.00%			0.00%
4.		0						0.00%			0.00%
5.		0						0.00%			0.00%
6.		0						0.00%			0.00%
							\$ -			\$ -	
17.1 FY 2014 POSITION NARRATIVE											
Provide a justification, which relates to the project's goal.											
1.											
2.											
3.											
4.											
5.											
6.											

17.2 FY 2015 POSITION NARRATIVE

Provide a justification, which relates to the project's goal.

1.		
2.		
3.		
4.		
5.		
6.		

17.3 REQUEST FOR EXCEPTION TO SAPCS-STATE REQUIREMENTS

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

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18. PROFESSIONAL & CONSULTANT SERVICES

Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	FY 2014			FY 2015		
		No. of Days of Consultation	Daily Rate of Compensation	Cost	No. of Days of Consultation	Daily Rate of Compensation	Cost
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -

18.1 FY 2014 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

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18.2 FY 2015 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

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19. TRAVEL								
			FY 2014			FY 2015		
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training		Airfare/Mileage			\$ -			\$ -
		Hotel			\$ -			\$ -
		Per diem			\$ -			\$ -
		Misc./Hotel Tax			\$ -			\$ -
		TOTAL			\$ -			\$ -
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant
Local Travel (Mileage Only)		Mileage			\$ -			\$ -
					\$ -			\$ -
19.1 FY 2014 TRAVEL NARRATIVE								
Provide a justification for Travel which relates to the project's goal.								
19.2 FY 2015 TRAVEL NARRATIVE								
Provide a justification for Travel which relates to the project's goal.								

20. EQUIPMENT						
		FY 2014		FY 2015		
Item	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
20.1 FY 2014 EQUIPMENT NARRATIVE						
Provide a justification for Equipment which relates to the project's goal.						
20.2 FY 2015 EQUIPMENT NARRATIVE						
Provide a justification for Equipment which relates to the project's goal.						

21. SUPPLIES						
	FY 2014			FY 2015		
Item	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
21.1 FY 2014 SUPPLIES NARRATIVE						
Provide a justification for Supplies which relates to the project's goal.						
21.2 FY 2015 SUPPLIES NARRATIVE						
Provide a justification for Supplies which relates to the project's goal.						

22. OTHER DIRECT OPERATING EXPENSES (ODOE)						
	FY 2014			FY 2015		
Item	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training Registration			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
22.1 FY 2014 OTHER DIRECT OPERATING EXPENSES NARRATIVE						
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.						
22.2 FY 2015 OTHER DIRECT OPERATING EXPENSES NARRATIVE						
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.						

23. PROJECT SUMMARY

23.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve sexual assault victims by providing [types of] services in [geographic locations]."

24. PROBLEM STATEMENT

24.1 Provide a brief description of the sexual assault related issue(s) this project is designed to address.

25. SUPPORTING DATA

25.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

26. PROJECT GOAL

26.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "**SMART**" goal: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

27. OUTPUTS		
27.1 OUTPUT ASSESSMENT AND EVALUATION		
27.2 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.		
27.3 OUTPUTS SUMMARY	OUTPUT TARGET	
DIRECT VICTIM SERVICES	FY 2014	FY 2015
Number of Unique Victims Served	0	0
FACE-TO-FACE SERVICES		
Assistance with Crime Victims' Compensation	0	0
Information & Referral	0	0
Assistance with VINE	0	0
Counseling Services (Individual Counseling)	0	0
Criminal Justice Accompaniment	0	0
Crisis Intervention	0	0
Peer Support Services	0	0
Law Enforcement Accompaniment	0	0
Medical Accompaniment	0	0
Assistance with Victim Impact Statements	0	0
Assistance with Victim Impact Panels	0	0
Lodging	0	0
Transportation	0	0
Support Groups	0	0
Therapeutic Groups	0	0
Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone		
Victim Advocacy	0	0
TELEPHONE SERVICES		
Crisis Intervention (by telephone)	0	0
Sexual Assault Hotline Call	0	0
Hotline Calls From/About Victims of Sexual Assault	0	0
TRAINING AND OUTREACH		
Structured Education Presentations	0	0
Structured Education Participants	0	0
Community Education Presentations	0	0
Community Education Participants	0	0
Professional Training Presentations	0	0
Professional Training Participants	0	0
Volunteer Training Presentations	0	0
Volunteer Training Participants	0	0

28. OUTCOMES	
28.1 OUTCOME ASSESSMENT AND EVALUATION	
DIRECT SERVICE OUTCOMES	Outcome Target %
Increase in knowledge of sexual assault victims' rights.	
Increase in knowledge of community resources and services.	
PROFESSIONAL TRAINING OUTCOME	
Increase in knowledge of sexual assault victims' rights.	
COMMUNITY EDUCATION OUTCOME	
Increase in knowledge of community resources and services.	
PUBLIC AWARENESS CAMPAIGNS	
Increase in knowledge about the dynamics of sexual assault.	
28.2 Specify one of the outcomes chosen in 27.1 Outcome Assessment and Evaluation section of TAB D - Project Summary and describe the tools and/or processes written policies and procedures, pre- and post- tests, staff observation or surveys, which will be used to measure the project's outcome.	

29. DETAILED IMPLEMENTATION PLAN	
29.1 Describe this project's specific activities, which will be done over the next two years.	
29.1 Continued:	
29.1 Continued:	
29.2 Describe how these activities will help to reach the project's goal.	
30. COMMUNITY RESOURCES	
30.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?	Yes/No
30.2 Do these collaborations currently exist?	
30.3 Describe why these agreements are required.	

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31. SUSTAINABILITY PLAN

31.1 Briefly describe what would happen to the proposed grant project in the event that OAG grant funds are no longer available.

32. FINANCIAL

32.1 FINANCIAL SYSTEMS

Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

32.2 BUDGET NARRATIVE

Provide a justification, which relates to the project's goal, for each requested budget category summarized below.

33. BUDGET					
PERSONNEL	% of Positi- ons	Hrs./Week	FY 2014 Requested	FY 2015 Requested	Total Project Cost
Description					
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
Total FTEs	0.00				
Personnel Total			\$	\$	\$
FRINGE					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Fringe Total			\$	\$	\$
PROFESSIONAL & CONSULTANT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Professional & Consultant Total			\$	\$	\$
TRAVEL					
OAG Sponsored Training			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Local Travel (Mileage Only)			\$	\$	\$
Travel Total			\$	\$	\$
EQUIPMENT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Equipment Total			\$	\$	\$
SUPPLIES					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Supplies Total			\$	\$	\$
OTHER DIRECT OPERATING EXPENSES					
OAG Sponsored Training Registration			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Other Direct Operating Expenses Total			\$	\$	\$
TOTAL BUDGET			\$	\$	\$